

September 12, 2013

Meeting Minutes

State Consumer and Family Advisory Committee

Members Present: Sue Guy (Chair), Marc Jacques (Vice-Chair), Gladys Christian, Nancy Carey, Sheila King, Mark Long, Anna Cunningham, Bonnie Foster, Mike Martin, Paul Russ, Doug Wright, Dennis Parnell, Kelli Moore Carson, LaVern Oxendine, Samuel Hargrove, Mike Jones, Greg McIntyre Ben Coggins, and Bev Stone

Members Absent: Kurtis Taylor, and Marie Britt (excused)

DMH DD SAS Staff Present: Suzanne Thompson, Eric Fox, Wes Rider, Art Eccleston, Markita Keaton, and Nicole Cole

Guest Speakers: Dave Richard, Director DMH/DD/SAS and Dr. Nnenna Lekwauwa, Medical Director DMH/DD/SAS

Call to Order: Chairperson Sue Guy called the meeting to order at 9:10am.

- Sue Guy – Reviewed housekeeping items with the group.
- Sue Guy – Shared she attended the last DMH/DD/SAS Executive Leadership Team (ELT) meeting and reviewed the annual report with ELT. Sue reported she felt well received by the members of ELT.
- Sue Guy – Reviewed the meeting agenda. Agenda was approved as written.
- All members and visitors introduced themselves.
- DMH/DD/SAS Advocacy and Customer Service Chief, Stuart Berde shared that the work of the SCFAC is valued by both the DMH/DD/SAS Director, Dave Richard and the DHHS Secretary, Aldona Vos.

July Minutes

- The July 11, 2013 meeting minutes were reviewed.
- Doug Wright – Motioned to approve the minutes as written.
- Dennis Parnell – Seconded the motion. Minutes were approved as written by simple vote.

Public Comment:

- Bob Carey – Addressed the SCFAC, stating he is dismayed by the idea that the SCFAC would continue to meet only six times per year due to budget issues. He urged the SCFAC to consider having meetings on the internet or meet for two days rather than one. He stated that based on the recent raises given to employees of DHHS and other recent news about buildings being financed by the Department, etc. that the Department should have the funds to pay for additional SCFAC meetings.
- Stuart Berde – Suggested the group write a letter to Secretary Vos asking for permission to move forward with using either “go to meeting “ or some other type of web based meeting. Stuart Berde shared that SCFAC member; Anna Cunningham had met with the DMH/DD/SAS Communications staff to discuss ways to use technology to improve communication among the committee. A member suggested the group discuss this with Dave Richard today when he visits with the group. Sue reminded the members that one of the goals for this year was to track public comments and the SCFACs response.

Local CFAC assignments:

- Sue Guy – Shared that during the LCFAC to SCFAC teleconference in August, local CFAC Chairs were receptive and excited about having SCFAC members assigned to Local CFACs to enhance communication between the committees. After some discussion, assignments of SCFAC members to LCFACs were agreed upon as follows:

Bonnie Foster –MeckLINK

Gladys Christian – CenterPoint

Paul Russ – Eastpointe

Kelli Carson – Sandhills & Partners

Nancy Carey and Sheila King – Western Highlands & Smoky Mountain Center

Bev Stone and Mike Jones – ECBH

Doug Wright – Alliance & Johnston County

Bev Stone – CoastalCare

Sam Hargrove – Cardinal Innovations

Local Reports: Sue Guy opened the floor for local reports.

Paul Russ – Eastpointe CFAC members are going into the community to see if there are any concerns with providers or services. They plan to share results with their LME/MCO, their Local CFAC, and the SCFAC.

Dennis Parnell – Feeding the homeless situation in Raleigh has made the national news also how mental health and substance abuse effects the homeless situation.

LaVern Oxendine – Reported on the recent Town Hall meeting held in Cumberland County with over 150 people in the community to discuss changes due to merger with Alliance.

Dr. Mike Martin – Falcon Home’s housing DSS children that cannot be placed in Therapeutic Foster homes. Most come from outlying counties, supposed to be a special case arrangement between LME/MCO’s and providers outside the catchment area, he has had significant problems getting the contracts done with the result that many children are not receiving therapy, a similar issue is the affiliation with DSS and the Child and Adolescent Level of Care Utilization System (CALOCUS), a lot of kids at Falcon Home either need a step up or down, very difficult to get DSS to attend CALOCUS meetings. DSS employees just will not attend so the level of care cannot get adjusted, no top down teaching of the interface of the CALOCUS in the Cumberland area, DSS is making decisions but not being informed by the CALOCUS. Link needs to be tied with DSS that they need to be present at meetings when the CALOCUS is performed.

Bonnie Foster – MeckLINK has had a significant decrease in authorizations for services. Partners and/or MeckLINK are not reauthorizing many services and the providers continue to provide the services while they link them to other services. Bonnie feels there needs to be a step down rather than just stopping the services.

Mark Long – Assertive Community Treatment Team (ACTT) has a new Fidelity Scale which is being implemented for ACTT statewide. Mark is aware that there is a State workgroup which is looking at the use of technology to work with people and help them to increase their independence.

Gladys Christian – The CenterPoint local CFAC is doing outreach to increase awareness in the community about what CFAC does.

Kelli Carson – Reported that providers are still having difficulty getting paid due to the new State payment system. MeckLINK's problems with authorization are affecting children and adults. The Recovery Summit and spin off group has been working on mission and vision statements. The roles between provider clinical homes and care coordination need to be clarified by the State. There are lots of undocumented individuals in our state and providers can no longer be reimbursed for services to this group. How are LME/MCO's going to handle this situation?

Mike Jones – Is glad to act as a conduit between people in his community and the State, sees employment for individuals with disabilities as a priority issue.

Stuart Berde – Suggested to group contact LME Systems Performance Team members as needs for concerns about specific LME/MCO's. Contact information was provided to members in their packet.

Ben Coggins – Reported on the recent Partners CFAC meeting held in Hickory. DMH/DD/SAS Director Dave Richard attended. Several visitors attended, and shared concerns regarding inefficiencies in the system that negatively affect consumers. Ben stated he is concerned that Wellness Recovery Action Planning (WRAP) seems to be fading; he has noticed that some WRAP groups are folding.

Bev Stone – Stated they have added a number of new members on the Coastal Care CFAC which has resulted in lots of new orientations. Two CFAC members have been named to the Governing Board and they are working on getting a third member named.

Anna Cunningham – Reported her concern that individuals in the community are experiencing a lack of trust in the local and state CFAC's do the system being in a constant state of change. Need to do more outreach and education to keep the community informed and engaged.

Nancy Carey – Concerned about merger between Western Highlands and Smoky Mountain Center due to apparent lack of communication about public forums. Affordable Care Act offers tax breaks to people with low incomes however no one is out informing people of the opportunity and details on how to get this help.

Doug Wright – December 4th Statewide CFAC meeting being coordinated by Cardinal Innovations and Alliance CFACs. He hopes that more information from the State will be provided on plans to reform Medicaid. Doug shared that Dave Richard recently stated the State is looking at reducing the number of LME/MCOs to three or four. Alliance has been pretty active in getting navigators into communities to inform people of the opportunities presented by the Affordable Care Act (ACA).

Samuel Hargrove – Peer Support training was offered by their LME/MCO (Cardinal Innovations Healthcare Solutions. Samuel had been attending meetings at VA Centers to stay informed of how SB 597 is being fulfilled ensuring that care for veterans is being integrated. Samuel would like the SCFAC to explore how they can better interact with the VA Community.

Greg McIntyre – Men's and Women's Center being built in Cleveland County will offer SA assessment, treatment and job training. Stated he would like to be more plugged in with his local CFAC to enhance communication. SA related issues cause other societal problems, would like to see the full approach in dealing with SA issues related to crime, homelessness, families, breaking communities and the Nation.

Shelia King – Shared that as the former grievance coordinator of Western Highlands LME/MCO, the majority of concerns received were about accessing services, she was glad to hear there will be public forums but is concerned that many people in the community are unaware of them.

Chairperson Sue Guy will scan and email updates of DOJ and Housing to members.

Guest Speaker:

Dr. Ureh Nnenna Lekwauwa – Is the Medical Director of DMH/DD/SAS. Prior to joining the Division most of her work was done in crisis psychiatry working with people who had been involuntarily committed. She spoke about the national problem of people accessing services through the Emergency Departments of hospitals. Regarding telepsychiatry she feels there will never be enough psychiatrists for everyone to be able to see a doctor face to face. Dr. Nneena shared that a DHHS workgroup recently developed an ED Action Plan but the group was told that there were no additional funds to address this problem. She will provide the Action Plan to the SCFAC. In researching solutions, the Division discovered that South Carolina had developed a telepsychiatry program. The Albemarle Project in NC was funded by the Duke Endowment and modeled after SC. This year the General Assembly decided to fund telepsychiatry and so the implementation of the program is moving fast. Dr. Nneena reviewed a Powerpoint presentation on telepsychiatry with the group.

Dr. Nneena – Took questions from the Committee members. Dr. Nneena will email the ED Action Plan to Sue Guy who will distribute it to the rest of the SCFAC.

1:00 p.m. — DMH/DD/SAS Director Dave Richard

Dave Richard took questions from the members:

Marc Jacques asked a question for Anna Cunningham. Is there any possibility to have a person with lived experience on the five person advisory panel to the General Assembly (GA)? Dave Richard stated he did not know for sure but probably not. The panel will be advisory to the GA. Dave suggested two ways to influence the process is through the Department and individual legislators.

Paul Russ – The Alcohol and Drug Treatment Centers (ADACTS) budgets were cut, can you tell us how this has affected people receiving these services? Dave Richard at this time not at all. There will probably be bed closures in the ADACTS We do not know how many but should know within the next week to ten days. When it is known he will get that out?

Paul Russ – The state does not have a Strategic Plan how would we get people on the Strategic Planning Committee of DMH? Dave asked Stuart Berde, are we required to have a Strategic Plan? Stuart was not sure. Dave stated he is not a real big fan of Strategic plans in this environment. You have to organize strategically and work strategically but questions the usefulness of developing a 5 year plan when so much is in flux. The Division has been pulling all the info and input that people have been submitting and are creating action steps we have an absolute target that works we will be getting this out to you soon.

LaVern Oxendine – Are there start-up funds available for private providers that will be doing telepsychiatry? Dave Richard a lot of private providers are already using telepsychiatry. LME/MCOs have the flexibility to target money to do this, DMH can encourage LME/MCOs to test these types of data driven best practices.

Mark Long – Expansion of Peer Support Services? Mark stated he would like to see the expansion of peer support services. Marc Jacques where is the new draft PSS service definition that was recently developed but not yet implemented? Dave Richard will look into this and let the SCFAC know where the new definition is and provide clarity on who can provide the service.

Gladys Christian – Shared she sees the need for some sort of support in the transition for person affected by DOJ (tenancy supports)? Integral piece of what should be happening. Doug Wright Quadel is supposed to be doing this and they are not. Dave Richard you might want to keep saying that and say it frequently. We are trying to achieve a systemic change that works for everyone not just those covered under the settlement.

Kelli Carson – There has been a lot of talk that LME/MCOs are ineffective, has there been any thought of allowing providers to take over the functions of LME/MCOs to improve the quality of what people receive? Dave we need to hear those kind of things as we design the system. LME/MCOs currently have the option of contracting Care Coordination out. Kelli has noted that many people coming out of hospital on outpatient commitment 90 % of the time have had no contact with the Care Coordinators of the LME/MCOs. This is just one example of something that providers are doing and could possibly do a better job than the LME/MCOs. Kelli does know some LME/MCOs are doing this well but some of the newer ones are not. Dave care coordination is not case management, there is not a lot out there for people but if we do not provide something in the coordinating role at the community level people will be accessing crisis services.

Kelli Carson – Is it possible there could be more coordination between the LME/MCOs and providers? Dave Richard monitoring of providers is an LME/MCO issue and a part of managing their network. The community needs to use the systems that are in place and be educated on how to make appeals/grievances.

Kelli Carson – There is a huge number of undocumented residents who have service needs but are no longer entitled to any service other than crisis services. Curious if anyone is thinking through what might be put in place to serve undocumented residents? Dave Richard no overall strategy but people must continue to bring this up. Kelli Carson stated it would be more cost effective to treat people prior to crisis.

Mike Martin – DHHS Waiver Advisory Committee (DWAC) seems to be in transition asked Dave Richard to speak about DWAC. Dave described how DMA and DMH/DD/SAS are working together now, Secretary Vos weekly meeting about LME/MCOs. DMA/DMH/DD/SAS report out to Secretary Vos with performance and financial data there is a high level focus on making sure our system is evolving. Second issue, we have an obligation to report to the public on performance and financial indicators. We think it is important that people have not just the data but also our interpretation of the data. We do not want to report things without context. Gave some examples, we are catching up on being able to use the right data in the right way and create outcome measures that people can be held accountable to.

Samuel Hargrove – Has there been progress in integration of public services with the VA? Problem of people not seeking services for fear their career would end. Dave stated we are looking for ways to bridge those gaps. We walk a fine line, Flo Stein has been an incredible advocate but we have not been able to achieve as much as we would like.

Nancy Carey – Shared her concern about rural communities and the Affordable Care Act. Low wage workers are supposed to be able to sign up for assistance but may have to pay a penalty if they do not obtain health insurance. There are not trained people in the rural counties she represents to assist people to understand the new requirements or how to obtain health insurance. Dave Richard NC TRACKS and NC FAST are getting better; a lot of effort in getting people in Social Services trained in how to assist people. Dave will bring this to the attention of the Social Services Director that in Yancey County there have reportedly not been people trained as navigators.

Samuel Hargrove – How do we gain that laser focus that you mentioned? Dave Richard we cannot be great at everything but can focus on two or three issues at a time and these must be time limited; we need to know what is important in your communities so we know what to focus on.

Mark Long – Discussed Jail Diversion. It is not cost effective to jail people with mental illness Dave agreed. Part of the crisis focus is how do we engage the law enforcement community and other stakeholders? The Governor has a high level of interest in SA and Mental Illness and recognizes that we are putting people in jail nonsensically. He is a proponent of Drug courts and other efforts.

Mark Long – Can you give us an update on MeckLINK? Dave has been attending CFACs and targeted meetings with Secretary Wos. He shared points gleaned from CFAC meetings:

1. There must be formalized consumer and family involvement in the new system.
2. Provider community is fragile equating in to a fragile system we can do nothing that will destabilize the provider community.
3. People are generally supportive of the idea of an integrated system MH/DD/SAS are specialized services and we cannot ignore that we cannot just fund a medical system and assume that MH/DD/SAS needs will be addressed.
4. People agree we must be efficient, how this all related to MeckLINK? What will a future role of an LME/MCO look like in this new world? There cannot be ten LME/MCOs but four might be the right number future LME/MCOs probably need to be contiguous. Cardinal Innovations or Partners are logical future partners for MeckLINK. It is important to know that Secretary Wos has not been prescriptive.

Marc Jacques – So would the goal be to have one LME/MCO per region? Dave Richard you could say that. We have lost the local component and at the same time went to a number that is highly inefficient.

Greg McIntyre – The prison system has become the largest mental health provider in the state. Very costly, we need to treat the solution rather than the after effect. Dave Richard reported the Governor is well aware of the incredible human cost and the cost to our system, recognizing that we are using jails and prisons as treatment centers and that this is ineffective.

Bonnie Foster – Services need to be kept in place while appeals are in process, current timeframe does not work for people. Some discussion Bonnie, providers are supplying services for free while the appeal is being processed.

Mark Long – Asked about paperwork issues due to Medicaid County of origin. Dave Richard we are attempting to address this issue with-out legislative action. Part of the solution may be in the reduction of LME/MCO.

Sub-Committee Reports:

Services Sub-committee:

The sub-committee felt there is not adequate information to truly identify service gaps. Kelli shared she did come up with a report that a local CFAC had provided to the SCFAC dated 2010. Kelli has emailed all of the CFAC chairs to ask for current gaps they are aware of in the community. Kelli also contacted Mabel McGlothen with DMH to ask for LME/MCO service gap analysis data. The majority of LME/MCOs do not have good data on service gaps but all should have them by the end of the year. Kelli stated that the committee could do a survey through survey monkey and analyze the data themselves.

Recovery and Self Determination Sub-committee:

The sub-committee recommended that the SCFAC write a letter or perhaps a white paper about Recovery Systems of Care. We know that DMH leaders are enthusiastic about this concept however this letter will go to the legislators and other leaders. Rural vs. urban issue Adult Care Home issue and need for community living skill training tenancy supports DOJ implementation supports such as peer support resistance of providers to use peer support for a number of different reasons including the old definition. Focus on keeping folks well rather than crisis services. Marc will write up the letter and submit it to the other members for their review.

Interface Task Team: New SCFAC member, Sheila King joined the sub-committee. Ben Coggins reported for the group. “We want to put action words into the SCFAC goals.” Thanked everyone for participating in the last conference call. Went over what was discussed in the conference call. Draft minutes have been sent out. Gladys Christian will reach out to the Local CFACs who would report at the next Conference call. Wednesday, October 16th is the next phone call with the Local and State CFACs from 7:00 p.m. to 8:00 p.m. The committee discussed possible conference call topics an update of info. received from Dave Richard and Dr. Nnenna. Suzanne Thompson suggested Crystal Farrow to speak on the DMH Crisis Plan as a possible speaker for the Conference call and possibly the next SCFAC meeting. Sue Guy went over what was discussed as possible topics from the last call.

Data-Com Sub-committee:

Communication data plan being worked on do not want to reinvent the wheel compile list of existing website. Anna has been working with Chris Pfitzer of DMH to ask for help in developing this plan and making it user friendly. Want to get the R&D part from professionals and help maintaining it. Pointed out the need for finances or staff identified who will maintain the website. A member suggested Dr. Christopher Edwards with Duke University as a possible assistant to these efforts. Dennis Parnell recommended Barrett Joyner as another person with expertise in this field who might be willing to help with this project and provide his phone number.

Budget and Planning Subcommittee:

Stated he is waiting to get the budget info from the Division. Paul stated he would like to change the name of this committee to Tactical Planning rather than Strategic Plan. Mike Jones as a business person stated he does not think it is realistic of DMH to not engage in strategic planning. Agrees you can no longer go out three to five years in your planning efforts but sees strategic planning in the short term as desirable.

Motion:

Paul Russ – Made a motion to change the name of the subcommittee to *Tactical Planning*.
Marc Jacques – seconded the motion. Motion passed by unanimous vote.

A motion was made to adjourn the meeting. The meeting was adjourned at 3:00 p.m.